2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#732996

FILED Jan 14, 2005 Secretary of State

Entity Name: FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1530 METROPOLITAN BLVD 325 JOHN KNOX ROAD

TALLAHASSEE, FL 32308 US L103

TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

1530 METROPOLITAN BLVD 325 JOHN KNOX ROAD

TALLAHASSEE, FL 32308 US L103

TALLAHASSEE, FL 32303 US

FEI Number: 59-1677431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NAPIER, BENNETT
1530 METROPOLITAN BLVD
NAPIER, BENNETT
325 JOHN KNOX ROAD

TALLAHASSEE, FL 32308 US L103
TALLAHASSEE, FL 32303 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

in the State of Florida.

SIGNATURE: 01/14/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES () Delete Title: PP (X) Change () Addition

 Name:
 INMAN, DONAL
 Name:
 INMAN, DONAL

 Address:
 9381 W SAMPLE ROAD, 206
 Address:
 9381 W SAMPLE ROAD, 206

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:
 CORAL SPRINGS, FL 33065

Title: EVP () Delete Title: PE (X) Change () Addition

 Name:
 WOOSLEY, ROB
 Name:
 MORGAN, ERROL

 Address:
 3342 ELLINGTON WAY
 Address:
 4179 JAMES ST UNIT A2

 City-St-Zip:
 NEW PORT RITCHEY, FL 34655
 City-St-Zip:
 PORT CHARLOTTE, FL 33980

 $\label{eq:title:PE} \textit{Title:} \qquad \textit{PE} \qquad (\) \, \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{P} \qquad (\textit{X}) \, \textit{Change} \, (\) \, \textit{Addition}$

 Name:
 HULT, DAVID
 Name:
 HULT, DAVID

 Address:
 3639 CENTRAL AVE
 Address:
 3639 CENTRAL AVE

City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip: SAINT PETERSBURG, FL 33712

Title: T () Delete Title: EVP (X) Change () Addition

Name: GAGLIANO, JIM Name: GAGLIANO, JIM
Address: 801 WEST FLETCHER AVE Address: 801 WEST FLETCHER AVE

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

Title: PED () Delete Title: S (X) Change () Addition

 Name:
 MOYER, PHIL
 Name:
 MCGEE, LINDA

 Address:
 14333 58TH ST NORTH
 Address:
 1415 OAKFIELD DRIVE

 City-St-Zip:
 CLEARWATER, FL 34620
 City-St-Zip:
 BRANDON, FL 33511

Title: ED () Delete Title: ED (X) Change () Addition Name: NAPIER, BENNETT Name: NAPIER, BENNETT

 Address:
 1530 METROPOLITAN BLVD
 Address:
 325 JOHN KNOX ROAD, L103

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENNETT NAPIER ED 01/14/2005